

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048417

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 246

FILED JAN 2 1964

1. PLACE OF DEATH

a. COUNTY

JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

CARTHAGE

Length of stay in 1b

15 YRS.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

MCCUNE BROOKS HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JASPER

admission)

c. CITY

OR TOWN

CARTHAGE

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

1717 RIVER STREET

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

MARY MELISSA GOVREAU

4. DATE OF DEATH

DECEMBER 21, 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-4-1883

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DOMESTIC

10b. KIND OF BUSINESS OR INDUSTRY

DOMESTIC

11. BIRTHPLACE (City and state or country)

RIVER AUX VASES, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ELIA GOVREAU

13b. MOTHER'S MAIDEN NAME

MARCELIDA GRIFFORD

14. NAME OF HUSBAND OR WIFE

NEVER MARRIED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

DR. FRANK BIRSNER - CARTHAGE, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1946

to 1963

and last saw her alive on 12-21-63

Death occurred at

2:45 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank H. Birsner

22b. ADDRESS

M.D. CARTHAGE, MISSOURI

22c. DATE SIGNED

12-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL-BURIAL

23b. DATE

12-23-63

23c. NAME OF CEMETERY OR CREMATORY

ST. GENEVIEVE CEM.

23d. LOCATION (City, town, or county)

ST. GENEVIEVE, Mo.

(State)

24. FUNERAL DIRECTOR

THE ULMER FUNERAL HOME-CARTHAGE

25. DATE RECD. BY LOCAL REG.

12-22-63

26. REGISTRAR'S SIGNATURE

EM Clinton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10497

20497

3

4 1

5 0

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9331x

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12-0

13 30

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address Centrage, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.